



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES

**CHANGE OF MEDICAL DIRECTOR**

**FOR DOH OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE**

Reviewed

☐ AIR AMBULANCE SERVICE

Date

☐ GROUND AMB. SERVICE

LICENSE OR ACCREDITATION NUMBER

DATE FORM RECEIVED

☐ EMRA

☐ TRAINING ENTITY

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**LICENSEE MUST COMPLETE INFORMATION BELOW TYPE OR PRINT**

**1. MEDICAL DIRECTOR**

NAME (LAST, FIRST, MI)

☐ M.D. ☐ D.O.

ADDRESS (STREET, ROUTE, ETC.)

OFFICE TELEPHONE NUMBER

( )

CITY

STATE

ZIP CODE

E-MAIL

FAX NUMBER

( )

☐ BOARD CERTIFICATION

☐ ACLS

☐ ATLS

☐ PALS

**PLEASE ATTACH COPIES OF DOCUMENTATION OF THE ABOVE**

**I HEREBY CERTIFY that I am aware of the qualification requirements and the responsibilities of a medical director of an ambulance service or training entity or emergency medical response agency and I agree to serve as medical director for the above named service or entity.**

SIGNATURE OF MEDICAL DIRECTOR (USE INK OR INDELIBLE PENCIL)

DATE

**2. CHECK APPROPRIATE BOX**

☐ AIR AMBULANCE SERVICE

☐ EMERGENCY MEDICAL RESPONSE AGENCY

LICENSE OR ACCREDITATION NUMBER

☐ GROUND AMBULANCE SERVICE ☐ TRAINING ENTITY

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NAME OF POLITICAL SUBDIVISION OR CORPORATION

NAME OF CEO

TELEPHONE NUMBER-BUSINESS

( )

BUSINESS ADDRESS (STREET, ROUTE, ETC.)

TELEPHONE NUMBER-EMERGENCY

( )

CITY

STATE

ZIP CODE

E-MAIL

FAX NUMBER

( )

**I HEREBY CERTIFY that this form contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named service or entity has both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 1998.**

**I have attached all licensure or accreditation and related administrative licensure actions taken against this service or entity or owner by any state agency in any state.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SERVICE OR ENTITY

DATE

**WARNING:** In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes 575.060.

**Mail Application to: Bureau of Emergency Medical Services, P.O. Box 570, Jefferson City, MO 65102**